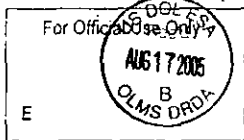


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8776	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name TIM CORCORAN P.O. Box, Bldg., Room No., if any Street 2627 HAMPTON RD City ST. CHARLES State MISSOURI ZIP Code + 4 63303	4. Name, file number, and address of labor organization. Name BRICKLAYERS UNION LOCAL #106 MO Labor Organization File Number 020-915 P.O. Box, Building and Room Number, if any Street 2000 MARKET ST City ST. LOUIS State MISSOURI ZIP Code + 4 63103
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Timothy K. Corcoran

On

6-29-05

Date Telephone Number

636-441-1806

Name of Person Filing

Tim Concoran

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAICKLAYERS APPRENTICE TRUSTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2000 MARKET ST.City ST. LOUISState MISSOURIZIP Code + 4 63103

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BAICKLAYERS APPRENTICE TRUSTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2000 MARKETCity ST. LOUISState MISSOURIZIP Code + 4 63103

11.a. Nature of such dealing.

TRAVEL TO IMI CONFERENCE
 AS A REPRESENTATIVE OF
 APPRENTICE TRUST.

11.b. Approximate dollar value of such dealing. —

12.a. Nature of interest held or income received.

TRAVEL ADVANCE

12.b. Amount. 100/DAY

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <u>TIM CORCORAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name COMMERCIAL BANK & TRUST
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 8000 FORSYTH
City CLAYTON
State MISSOURI ZIP Code + 4 63105

14.a. Nature of payment.

1 BASEBALL TICKET TO GAME ON
APRIL 20 2004 108.50
1 TICKET TO CHARITY BOXING BENEFIT
BOKERSTON 73.56

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

202.06